

APPLICATION INFORMATION

Application Type:: Continuation (Utility)
Title:: METHOD AND APPARATUS FOR CHANNEL
SELECTIVE CONTROL OF LIGHT PROPAGATION IN
AN OPTICAL WAVEGUIDE

Attorney Docket Number:: 9-15497-6US-1
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure:: 1a
Total Drawing Sheets:: 8
Small Entity?:: YES
Petition included?:: NO
Secrecy Order in Parent Appl.?:: NO

INVENTOR INFORMATION

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given name:: TIGRAN
Middle name::
Family name:: GALSTIAN
Name Suffix::
City of Residence:: QUEBEC CITY
State or Province of Residence:: QUEBEC
Country of Residence:: CANADA
Street:: 1007 AVE MAYNARD
STE-FOY
City:: QUEBEC CITY
State or Province:: QUEBEC
Country:: CANADA
Postal or Zip Code:: G1V 2W1

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given name:: ARMEN
Middle name::
Family name:: ZOHRABYAN
Name Suffix::
City of Residence:: QUEBEC CITY
State or Province of Residence:: QUEBEC

Country of Residence:: CANADA
Street:: 2455 CH.STE-FOY #302
STE-FOY
City:: QUEBEC CITY
State or Province:: QUEBEC
Country:: CANADA
Postal or Zip Code:: 1V 1T4

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given name:: DANY
Middle name::
Family name:: DUMONT
Name Suffix::
City of Residence:: QUEBEC CITY
State or Province of Residence:: QUEBEC
Country of Residence:: CANADA
Street:: 305-227 CH. STE-FOY

City:: QUEBEC CITY
State or Province:: QUEBEC
Country:: CANADA
Postal or Zip Code:: G1V 1S7

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given name:: AMIR
Middle name::
Family name:: TORK
Name Suffix::
City of Residence:: CAP ROUGE
State or Province of Residence:: QUEBEC
Country of Residence:: CANADA
Street:: 4332 DE LA SITTELLE

City:: CAP ROUGE
State or Province:: QUEBEC
Country:: CANADA
Postal or Zip Code:: G1Y 2H5

Inventor Authority Type:: INVENTOR

Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given name:: ROUSLAN
Middle name::
Family name:: BIRABASSOV
Name Suffix::
City of Residence:: QUEBEC CITY
State or Province of Residence:: QUEBEC
Country of Residence:: CANADA
Street:: 844 LOUIS-FRECHETTE

City:: QUEBEC CITY
State or Province:: QUEBEC
Country:: CANADA
Postal or Zip Code:: G1S 3N3

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 020988
Phone number:: (514) 845-7126
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REPRESENTATIVE INFORMATION

Representative Customer Number:: 020988

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Claims priority from	60/409,197	09/10/2002
This Application	Continuation of	10/658,462	09//10/2003
			MM/DD/YY
			MM/DD/YY

ASSIGNEE INFORMATION

Assignee name:: Photintech Inc.
Street:: 1245 Chemin Ste-Foy
Edifice 1, Bureau 300
City:: Quebec City
State or Province:: Quebec
Country:: CANADA
Postal or Zip Code:: G1S 4P2